

February 25, 2015

Matthew Vorisck 3414 STONEY RIDGE RD AVON, OH 44011-2210 (440)934-1555

Dear Mr. Vorisek,

medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the Comments section indicating the prescriptions that were submitted on your behalf for payment. Please review the list of claims for accuracy, noting whether you did or did not receive each Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345360 or e-mail at TJEich@express-scripts.com.

Your prompt response is greatly appreciated. On behalf of Express Scripts Inc., thank you for your assistance.

Sincerely,

Thomas Eich

Investigator Express Scripts, Inc Enclosure

> GOVERNMENT EXHIBIT 220 4:18-CR-368

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	CO-PAY AMOUNT, IF YES	1 met	\$ <b>\ 1.3</b>	11		dn			STIONS		
	CO-PAY PAID? YES or NO	CO-DAY WAX ME		וו		IIIFS Hand-delivered Picked up		·	ALLERGY QUESTIONS		
N.	RECEIVED? YES or NO	705	465	469		Mail Hand-delin	38	02	١		
765	AMOUNT COVERED BY INSURANCE	\$ 14,998.98	\$ 14,998.98	\$ 14,998.98		Circle One:		·	Yes	Sa)	
	V O Z	\$ 14	\$ 14	\$ 14			per,			Æ.	
ion filled at OMNI ONE MED	DRUG NAME/ACTIVE INGREDIENT	COMPOUND	COMPOUND	COMPOUND	,	iption(s)?	How did you find the pharmacy? (For example: doctor's office, friend, co-worker, family member, advertisement, etc.)	Are you still receiving prescriptions/packages?	lacy?	This(ese) claims were authorized by REDKO, VLADIMIR, MD. Have you ever received treatment from this prescriber?	
Have you ever had a prescription filled at PHARMACY?	DATE OF FILL	10/29/2014	11/21/2014	12/18/2014		How did you obtain the prescription(s)?	How did you find the pharmacy? (For example: doctor's office, fri advertisement, etc.)	eceiving prescrig	Did you ever talk to the pharmacy?	ns were authoriz received treatm	
1. Have you ever	PRESCRIPTION NUMBER	301778	301778	301778		2. How did you o	3. How did you find th (For example: doctc advertisement, etc.)	4. Are you still re	5. Did you ever t	6. This(ese) clain Have you ever	

(Please use the below area to provide any additional information about OMNI ONE MED PHARMACY) COMMENTS:

MEMBER SIGNATURE D



February 25, 2015

Sharon Vorisek 3414 STONEY RIDGE RD AVON, OH 44011-2210 (440)934-1555

Dear Ms. Vorisek,

medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the Comments section indicating the prescriptions that were submitted on your behalf for payment. Please review the list of claims for accuracy, noting whether you did or did not receive each Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345360 or e-mail at TJEich@express-scripts.com.

Your prompt response is greatly appreciated. On behalf of Express Scripts Inc., thank you for your assistance.

Sincerely,

Thomas Eigh

Investigator Express Scripts, Inc Enclosure

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(Please use the below area to provide any additional information about OMNI ONE MED PHARMACY). COMMENTS:

MEMBER SIGNATURE

GX220.006



February 25, 2015

Paul Vorisek & c/o Amy Vorisek 3414 STONEY RIDGE RD AVON, OH 44011-2210 (440)934-1555

Dear Mr. Vorisek,

prescriptions that were submitted on behalf of Amy Vorisek and yourself for payment. Please review the list of claims for accuracy, noting whether you did or section indicating the correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five did not receive each medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the Comments Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345360 or e-mail at IJEich@express-scripts.com

Your prompt response is greatly appreciated. On behalf of Express Scripts Inc., thank you for your assistance.

Sincerely,

Thomas Eich Investigator
Express Scripts, Inc

Enclosure

<ol> <li>Have you ever</li> <li>PHARMACY?</li> </ol>	er had a prescript	Have you ever had a prescription filled at OMN! ONE MED PHARMACY?				
				729		
PRESCRIPTION NUMBER	DATE OF FILL	DRUG NAME/ACTIVE INGREDIENT	AMOUNT COVERED BY INSURANCE	RECEIVED? YES or NO	CO-PAY PAID? YES or NO	CO-PAY AMOUNT, IF YES
301784	10/29/2014	COMPOUND	\$ 14,998.98	164	500	) Own
301784	11/21/2014	COMPOUND	\$ 14,998.98	527	CAM	M MM I
301784	12/18/2014	COMPOUND	\$ 14,998.98	765		
301786	10/29/2014	COMPOUND	\$ 14,998.98	76%		
301786	11/21/2014	COMPOUND	\$ 14,998.98	169		
301786	12/18/2014	COMPOUND	\$ 14,998.98	481		
2. How did you c	How did you obtain the prescription(s)?	iption(s)?	Circle One:	The Sail		
				Mail Hand-	Hand-delivered Picked up	đn
3. How did you find the (For example: docted advertisement, etc.)	How did you find the pharmacy? (For example: doctor's office, fricadvertisement, etc.)	How did you find the pharmacy? (For example: doctor's office, friend, co-worker, family member, advertisement, etc.)	7			
4. Are you still re	Are you still receiving prescriptions/packages?	tions/packages?	2	02		
!						

MEMBER SIGNATURE

5. Did you ever talk to the pharmacy?	ne pharmacy?	2	Yes - AlleRGY QUESTIONS	anegrang	
	,				
6. This(ese) claims were Have you ever receive	This(ese) claims were authorized by REDKO, VLADIMIR, MD. Have you ever received treatment from this prescriber?		165		
(Please use the below area to provide any additiona	to provide any additional information	1 about OMINI ONE	l information about OMNI ONE MED PHARMACY)		
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